

04-27-'06 17:37 FROM-Mattingly, Stanger 703-684-1157

**MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.**

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ALEXANDRIA, VIRGINIA 22314

PATENT, TRADEMARK  
AND COPYRIGHT LAW  
FACSIMILE: (703) 684-1157

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Date: April 27, 2006

FACSIMILE COVER LETTER

Facsimile Number: 571-273-8300

To: Examiner J. Barton  
Group Art Unit 2186, USPTO

From: Mr. Daniel J. Stanger  
MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

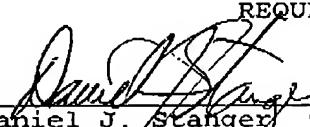
Re: USSN 10/795,996  
Attorney Docket No.: 501.43636X00

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

PTO-1083 TRANSMITTAL;  
REQUEST FOR CONTINUED EXAMINATION TRANSMITTAL;  
PRELIMINARY AMENDMENT; AND  
CREDIT CARD FORM INCLUDING \$790.00 IN PAYMENT OF  
REQUEST FOR CONTINUED EXAMINATION FEE.

April 27, 2006

  
\_\_\_\_\_  
Daniel J. Stanger  
Reg. No. 32,846

\_\_\_\_\_  
Date

Total Number of Pages (including cover sheet): 20

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APR 27 2006

Form PTO-1083

Patent

In RE application of S. YAGI

Case Docket No. 501.43636X00

Serial No.: 10/795,996

Group Art Unit: 2186

Filed: March 10, 2004

Examiner: J. BARTON

For: CONTROL METHOD FOR DATA TRANSFER DEVICE,  
DATA TRANSFER CIRCUIT, AND DISK ARRAY DEVICECommissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

April 27, 2006

Sir:

Transmitted herewith is an Amendment in the above-identified application.

Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.  
No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)		(Col. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra
Total	12	Minus	** 20	=	0
First presentation of Multiple Dependent Claims					

SMALL ENTITY	
Rate	Additional Fee
X 25	\$
X 100	\$
X 180	\$
Total	\$

OR

OTHER THAN A SMALL ENTITY	
Rate	Additional Fee
X 50	\$
X 200	\$
X 360	\$
Total	\$

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in col. 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

Please charge my Deposit Account No. 50-1417 in the amount of \$ \_\_\_\_\_.

A Credit Card Payment Form in the amount of \$ 790.00 is attached.

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417.

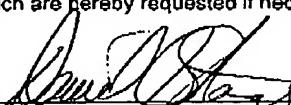
Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

Any patent application processing fees under 37 CFR 1.17.

Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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By: \_\_\_\_\_

  
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Date: April 27, 2006